

**Session 3 Topics****Topic 1 Welcome Back – 30 minutes**

- A. Warm-Up Activity
- B. Review of Session 2
- C. Preview of Session 3

**Topic 2 Early Breastfeeding Problems – 110 minutes**

- A. Sore Nipples
- B. Normal Fullness vs. Engorgement
- C. Plugged Ducts
- D. Mastitis
- E. Jaundice
- F. Thrush
- G. Spitting up
- H. Slow Weight Gain
- I. Failure-to-Thrive
- J. Babies that Refuse to Breastfeed
- K. Counseling Mothers with Early Breastfeeding Problems

**Topic 3 Medications and Herbal Remedies – 10 minutes**

- A. Medications
- B. Common Herbal Remedies

**Topic 4 Birth Control Methods – 45 minutes**

- A. Choosing a Form of Birth Control
- B. Non-hormonal Methods
- C. Hormonal Methods that are OK with Breastfeeding
- D. Hormonal Methods that May Cause Problems with Breastfeeding
- E. Counseling Mothers with Concerns about Birth Control

**Topic 5 Unhealthy Environments – 30 minutes**

- A. Cigarettes
- B. Alcohol
- C. Illegal drugs

**Topic 6 Closing Activity and Preview – 15 minutes**

- A. Closing Activity
- B. Preview of Session 4
- C. Homework



## Topic 1 – Welcome Back

### A. Warm Up-Song – “When You Counsel”

1. As a large group, **sing** the following Nigeria counseling song\*  
(to the tune of Frère Jacques):

*“When you counsel  
When you counsel  
Never judge  
Never judge  
Praise mother and baby  
Praise mother and baby  
Don’t command  
Do suggest”*

\*Credit to Adenike Grange,

Medical Officer MCH, WHO Lagos, Nigeria

2. In small groups, **make up** new words to this song to follow “when you counsel, when you counsel” that describes what counseling means to you. Spend about five to ten minutes **writing** your song.
3. As a group, **sing** the song in rounds with each group singing their own words.
4. Your facilitator will write your new words on a flip chart.

### B. Review of Session 2

What do you think was the most important information you learned in Session 2?

What information from Session 2 will be most useful to you as a peer counselor?

**Share** with the group.

What questions do you have about Session 2?

### C. Preview of Session 3

**Find** and silently read the topics for Session 3.

What are you most interested in learning about?

**Share** with the group.

## Topic 2 – Common Early Breastfeeding Problems

When you were breastfeeding, what were some of the problems you or your baby had in the beginning? **Share** your experiences.

Your facilitator will **write** your list on a flip chart.

Let's **talk about** some of these problems and how you can help mothers with these problems.

### A. Sore Nipples

1. **Look** at the pictures of damaged nipples.

What concerns do you have about these pictures?

Did any of you have sore nipples? What helped?



#### Sore Nipples

A small amount of nipple tenderness in the beginning is normal, but breastfeeding should not hurt! It is not normal to have cracked, bruised, bleeding or blistered nipples. The most common causes of sore nipples are **incorrect positioning** and **latch**. In as little as one day, a mother's nipples can become sore and injured. Often mothers feel relief right away once positioning and latch are corrected.

Other causes of sore nipples include:

- Not breaking the suction before taking the baby off the breast
- Baby's tongue is not positioned correctly
- Baby's tongue does not come out far enough
- Incorrect breast pump or use
- Mother has skin problems such as an infection or a rash

Most mothers can keep breastfeeding while their nipples heal. Encourage mothers to:

- Correct position and latch
- Apply a few drops of breast milk on their sore nipples to help with healing
- Avoid using soap or alcohol on their nipples as these can harm the nipple
- Use different positions (clutch, cradle, cross-cradle, lying down) - this way the baby is not breastfeeding on the same spot of the breast every time
- Talk to a lactation specialist or her health care provider, if sore nipples continue after helping with positioning and latch-on

2. **Look** and **listen** as a facilitator talks about and shows breast shells and nipple shields.



Some health care providers or lactation specialists suggest mothers use breast shells or nipple shields when they get sore nipples. Breast shells are worn in the bra between feedings. They protect a mother's sore nipples from sticking to her bra. Nipple shields are used while breastfeeding to help babies latch more easily. Not everyone agrees with using nipple shields to treat sore nipples. Only a health care provider or lactation specialist should suggest the use of a nipple shield. If a mother is using a nipple shield, a lactation specialist should follow-up with her to see that breastfeeding is going well.

## B. Normal Fullness verses Engorgement



Sometime between the 2nd and 4th day after a baby is born, most mothers will notice that their breasts are beginning to feel heavier and fuller. Mothers may also notice that their breasts appear larger. This is a normal sign that the mother's milk is in the process of changing to mature milk. It is not normal for breasts to become engorged. Engorged breasts are hard, red, and painful. Engorgement usually occurs when the mother has not breastfed enough and too much fluid and milk builds up in the breast. Engorgement can lead to sore nipples if the baby is only latching onto the end of the nipple.

1. Did any of you have engorged breasts? How did you know your breasts were engorged? **Share** with the class.

How did you know the difference between normal breast fullness and engorged breasts?

**Share** with the class.



**Compare** the signs of normal breast fullness with engorgement.

Normal Breast Fullness	Engorged Breasts
Mild discomfort	Very painful
Baby can latch easily	Baby cannot latch easily
Softer after feeding	Still firm after feeding
Skin normal	Skin tight and shiny
Firm and full	Hard and lumpy
Warm	Hot
Good milk flow	Poor milk flow

2. **Blow-up** a balloon to an overly full point so that the “nipple” disappears.

Why do you think a breast resembling this balloon would be more difficult to latch onto?

**Share** your ideas with the group.

3. **Common Causes of Engorgement**

For those of you who experienced engorgement, what do you think caused it?

Your facilitator will list your answers on a flip chart.

**Compare** your list with the one on the following page.

**Common causes of Engorgement:**

1. **Delayed first breastfeeding or missed breastfeedings:** If a mother does not breastfeed at least 8–12 times in 24 hours, her breasts may become engorged.
2. **Incorrect positioning and latch-on:** When the baby is not positioned well or the latch is poor, the baby may not be able to get enough milk from the breast.
3. **Restricted and/or scheduled feedings:**
  - When mothers limit feedings to a certain amount of time such as 10–15 minutes on each breast, it may not be long enough for the baby to get enough milk out of the breast.
  - When mothers breastfeed on a schedule such as every three to four hours instead of feeding whenever baby shows signs of hunger, the baby will not feed often enough so the breasts will not empty.
4. **Use of formula, water or pacifiers:** When the baby sucks on something other than the breast, the baby may not suck enough at the breast and remove enough milk.
5. **Baby feeding ineffectively:** Some babies do not breastfeed well in the first few days. These babies may have a health problem, had a difficult birth, or the mother had medication during childbirth. These babies may sleep more and suck poorly.
6. **Use of IV fluids during labor:** A mother who is given IV fluids during or after labor may have too much fluid in her breasts (edema). IV fluids are usually given in labor to prevent dehydration. They are also given with pain medications, such as epidurals, and when labor is induced (started) using certain medications.
7. **Sudden weaning:** If a mother suddenly stops breastfeeding, her breasts will continue to make milk and may become engorged.
8. **Pumping that does not drain breasts enough:** If a mother is not able to breastfeed and her breast pump does not work well, her breasts may still be full of milk and can become engorged.
9. **Breast surgery:** If the ducts, nerves, or blood supply were cut, this may make breastfeeding more difficult. Mother's breasts can become engorged if the milk is not able to flow well.

What questions do you have about the causes of engorgement?



## 4. Helping Mothers with Engorgement



If the breasts are so full that the baby has problems latching on, encourage the mother to:

- Breastfeed often: **8–12 times in 24 hours**
- Hand express or pump a small amount of breastmilk to soften the breast for an easier latch
- Lean her breasts into a bowl of warm water and lightly massage breasts to encourage milk flow
- Lightly massage and apply heat just before breastfeeding if the mother is leaking or able to express milk. If the mother is not able to express any milk, apply cold compresses such as a very cold washcloth or a frozen bag of peas to reduce swelling and seek help
- Apply pressure around the nipple to help extra fluids move away from the nipple
- Apply cold cloths often between feedings to get the swelling to go down and help with pain
- Talk to a lactation specialist, if she has tried all the above and her baby is still having problems latching on



*I really appreciate the help I get from my peer counselor,  
she is so understanding and caring.*



### C. Plugged Ducts



A plugged duct:

- Is a tender spot and/or lump in the breast caused by the duct getting blocked with dried milk
- Happens slowly
- May not let milk drain, causing milk to build up and the duct to become swollen

Plugged ducts may happen from missed feedings or anything that places too much pressure on the breast including:

- Bras that are too tight
- Pulling up a bra rather than loosening it to breastfeed
- Straps on front baby carriers, diaper bags, or purses
- Mother sleeping on her stomach
- Applying too much pressure to breast with fingers while breastfeeding
- Mother having more milk than her baby needs

Mothers with plugged ducts feel okay and usually do not have a fever. If not treated, a plugged duct may cause a mother to make less milk or get a breast infection.

*If a mother has symptoms for more than a few days or starts to have a fever encourage her to talk to her health care provider and a lactation specialist.*

Did any of you have plugged ducts or know someone who did? What did you do to get rid of the plugged duct?

Your facilitator will **write** a list on a flip chart.

**Compare** the list with the one on the next page.

### Encourage mothers with plugged ducts to:

- Breastfeed frequently, at least every 2 hours
- Begin each feeding on the side with the plugged duct
- Gently massage the breast from above the plugged duct toward the nipple while breastfeeding
- Apply heat for 15 to 20 minutes to the breast that has the plugged duct before feedings and sometimes between feedings
- Wear loose, unrestrictive clothing

What questions do you have about plugged ducts?

#### D. Mastitis



##### Mastitis:

- Is an infection in the breast
- Can happen at any time but often between the second and sixth week after delivery
- Happens quickly
- Is treated with medication (antibiotics)

When a mother gets mastitis she will feel like she has the flu and may have a temperature of 101°F or higher. Her breast becomes swollen, tender, and red in a small area. The pain is usually in one spot, intense and described as “red and hot”. A mother with mastitis needs to be seen by her health care provider.

##### *Encourage a mother with mastitis to:*

- *Breastfeed often (her milk is not infected)!*
- *See her health care provider and follow instructions*
- *Get plenty of rest by lying down often*
- *Drink plenty of fluids (even when not thirsty)*
- *Breastfeed often!*

Have any of you or someone you have known, experienced mastitis? What was it like? What helped you? Would you like to share anything else about mastitis?

What questions do you have about mastitis?



**E. Jaundice**

Did any of your babies have jaundice? What worries did you have? How did this effect breastfeeding?



Jaundice:

- Is caused by a build-up of bilirubin, a yellow substance that is found in blood
- Causes the skin or whites of the eyes to become yellow
- Is common in newborn infants

All babies are born with extra red blood cells. Babies need these extra red blood cells while they are inside the mother. As these red blood cells break down, bilirubin builds up in the baby. If the baby does not stool (poop) enough in the first few days the level of bilirubin will go up higher and the baby will become jaundiced. When the baby gets a lot of colostrum, it causes the baby to stool. This helps remove bilirubin. The best way to prevent jaundice is to breastfeed at least 8 to 12 times a day and to begin breastfeeding as soon after birth as possible!

Jaundice may cause a baby to be too sleepy to breastfeed enough. Some health care providers want mothers to give formula to help babies stool and to get bilirubin levels to drop faster. However, the American Academy of Pediatrics recommends mothers keep breastfeeding often, as long as the baby is getting enough breastmilk.

If a newborn is not stooling enough and the skin or eyes are yellow, let the mother know that she needs to get her baby to a health care provider as soon as possible. While jaundice is usually not serious, severe jaundice can harm the baby's brain.

*If a mother is told to stop breastfeeding, talk to her about using a breast pump to help keep up her milk supply and encourage her to talk to a lactation specialist.*

What questions do you have about jaundice?



**F. Thrush**

Thrush:

- Is a yeast infection
- May pass back and forth between mother and baby while breastfeeding
- Can occur at anytime
- May happen after breastfeeding is going well

1. Did any of your babies or you have thrush or do you know anyone who had thrush? What were some of the signs that baby had thrush? What were some of your signs?

Your facilitator will **write** both lists on a flip chart.

**Compare** the lists with those on page 74.





*It makes me feel good to be able to help other moms give their babies the best... their breastmilk!*

### Signs and symptoms of thrush in the baby:

- White patches in mouth (tongue, inner cheek, or lips) which may be mistaken for milk
- Diaper rash that does not respond to treatment
- Fussiness while attempting to breastfeed
- Frequent latching on and letting go while breastfeeding

### Signs and symptoms of thrush in the mother:

- Pink, red shiny or cracked nipples
- Burning or itching sensation in the breast or between feedings
- Shooting, radiating or deep pain in the breast
- Small white patches on or around nipples after feeding

## 2. Helping Mothers and Babies Experiencing Thrush



A health care provider will treat both mother and baby, and maybe the mother's partner too. There is no reason to stop breastfeeding while being treated for thrush.

When a health care provider has told a mother that she or her baby has thrush, encourage her to:

- Continue the medication for as long as the health care provider says even if symptoms are gone
- Use clean breast pads after each feeding. Do not use pads with waterproof backings
- Rinse nipples with plain water after each feeding and let dry
- Wash toys or anything baby puts in mouth with hot soapy water and let air-dry
- Boil parts of pumping kits that come in contact with milk once a day for 20 minutes, if she is pumping
- Boil pacifiers, bottle nipples and teethingers once a day for 20 minutes and throw away after one week of treatment

All of these efforts will help mothers and babies keep from getting thrush again.

What questions do you have about thrush?

*If breastfeeding hurts, encourage her to talk to a lactation specialist or her health care provider.*



**G. Spitting Up**

Did any of your babies spit up often? Would you like to share your experiences?



Some mothers notice that their babies often spit up after breastfeeding. Babies spit up for many reasons including:

- A strong let-down
- Allergy to some formulas (if giving)
- Illness
- Taking too much breastmilk at a feeding
- Taking formula before or after a breastfeeding
- A strong gag reflex (urge to throw up)

*Let mothers know that spitting up is normal as long as the baby is gaining enough weight.*

Let mothers know that spitting up is normal. There is nothing to be worried about as long as the baby is gaining enough weight, does not have regular projectile vomiting (forceful spit-up that may shoot up to several feet) and does not appear to be choking or having trouble breathing. Most babies outgrow spitting up by the time they are four to six months old. Normal, healthy babies do spit-up.

When a mother is concerned about her baby spitting up, the following suggestions may help:

- Keep the baby in a semi-reclined position with the head higher than the stomach after a feeding
- Take the baby off the breast for a minute or two if the baby is gulping or choking. Try to burp baby; then put back on the same breast.
- Breastfeed on one side at each feeding, if the mother thinks baby is getting too much milk

When babies do not gain enough weight because they are spitting up too much, they may have gastroesophageal reflux disease (GERD), also known as reflux. This can be a serious health problem. Most babies with GERD can continue to breastfeed. If a mother seems worried about her baby's spitting up, encourage her to talk to the baby's health care provider.

What questions do you have about spitting up?

## H. Slow Weight Gain



Babies with slow weight gain do not gain as much weight as expected. Slow weight gain can be caused by:

- Not feeding often enough
- Limiting the length of feedings
- A weak milk ejection reflex
- Mother not making enough milk
- Baby is not able to get enough milk
- Baby is sick

If a mother is worried that her baby is not gaining enough weight, encourage her to talk to the baby's health care provider and a lactation specialist. They can do a "test weigh" and see how much milk the baby is getting during a feeding. During a "test weigh", a baby is weighed before and after a feeding with a very sensitive scale.

Explain that pumping and giving the baby formula may be needed, but usually just for a short time. Most mothers are able to improve their milk supply and meet their baby's needs!

*When helping a mother, whose baby has slow weight gain, listen to her fears about her baby's growth. Let her know that she should be able to continue breastfeeding with the help of a lactation specialist and her baby's health care provider.*

What questions do you have about slow weight gain?





## I. Failure-to-Thrive



Babies who do not regain the weight they lost after birth by 2 weeks of age or are still losing weight after 7 days may have failure-to-thrive. This is serious! These babies must be followed by a health care provider and lactation specialist. Failure-to-thrive can also happen after the first few weeks.

There are many reasons for failure-to-thrive, including:

- Not feeding often enough
- Limiting the length of feedings
- Mother not making enough milk
- Health problems in the infant
- Health problems in the mother
- Baby is not able to get enough milk
- Poor bonding

*Babies that do not regain their birth weight by 2 weeks of age should be referred to a lactation specialist and their health care provider.*

This can be a very stressful time for the mother and family. A health care provider may suggest the mother give her baby formula. Let her know that in most cases she should be able to continue to breastfeed. Encourage her to discuss her worries with a lactation specialist and her baby's health care provider.

**Discuss** the following: Have you or anyone you've known had a baby with slow weight gain or failure-to-thrive?

How did you or they feel?

What information was helpful to you?

How do you think you could support a mother that has a baby that is not gaining enough weight?

**Share** with the group.

## J. Babies that Refuse to Breastfeed



Sometimes a baby may not want to breastfeed after breastfeeding has been going well. A mother may worry that she does not have enough milk or think something is wrong with her milk. She may have hurt feelings when her baby does not want to breastfeed. There are two main reasons babies may refuse to breastfeed:

**Bottle Nipple Preference:** This is also called “nipple confusion”. Giving bottles and/or pacifiers too soon may cause the baby to get used to sucking on an artificial nipple, which is different from the breast. The flow of milk from a bottle is faster. This makes it easier for the baby to get milk. To avoid bottle nipple preference, encourage mothers not to use bottles and pacifiers until the baby is at least 3 to 6 weeks old.

**Nursing Strikes:** These happen when a baby suddenly refuses to breastfeed for no clear reason. A nursing strike is the baby’s way of telling the mother there is a problem. Nursing strikes rarely last longer than a couple of days.

Common causes of nursing strikes include:

- Return of the mother’s period (menstrual cycle)
- Pregnancy
- Change in soap, perfume, or deodorant used by the mother
- Change in the mother’s diet
- Baby has an earache or cold
- Baby has other health problems
- Baby is teething
- Baby recently separated from mother (i.e. returning to work, school).

*If a baby refuses to breastfeed for longer than 24 hours, encourage the mother to talk to a lactation specialist and health care provider.*

1. **Look** at the Childbirth Graphics Breastfeeding Flipchart: “Breastfeeding” and “Bottle Feeding” pictures. How do the two pictures differ?

**Share** with the group.

2. Has anyone’s baby ever refused to breastfeed? How did you feel? How long did it last? What do you think was the reason? What did you do?

**Share** your experiences with the group.



3. How can you help a mother whose baby is refusing to breastfeed?

**Share** with the group.

Your facilitator will write your replies on a flip chart. **Compare** your list with the one on the next page.



*Some mothers are all alone at home. I can tell they are glad when I call to see how they are doing.*

*When a baby refuses to breastfeed, encourage the mother to:*

- Express milk to prevent engorgement and keep up her milk supply
- Feed baby expressed milk
- Continue to try to breastfeed
- Stay calm
- Give baby a lot of love and attention
- Talk to a lactation specialist or baby's health care provider if baby refuses to breastfeed for more than 24 hours



**K. Counseling Mothers with Early Breastfeeding Problems**

**Divide** into groups of three. Your facilitator will assign one of the following scenarios to each group.

- You have called a mother of a 2-week-old baby. She says her nipples are cracked and bleeding and breastfeeding hurts too much. She wants to stop breastfeeding.
- You have called a mother of a 4-week-old baby and she says her breasts have gotten very big and painful. She says she has not been able to breastfeed her daughter much this week. She thought the break would help, but the pain has gotten worse. She just tried to get her daughter to breastfeed, but the baby couldn't latch-on.
- You have called a mother and she complains that her left breast has a spot that is swollen, lumpy, and a little sore. She says she had similar feelings in her right breast but that went away after a thick, stringy mass came out of her right nipple yesterday. She's worried that something is wrong.
- You have called a mother and she says she's been sick and has a fever and chills. She also says her left breast is red and hurts a lot. She wants to know if she should stop breastfeeding until she gets better.

**Practice** role-playing using the Best Start 3-Step Counseling Strategy making sure each person is the "counselor", the "mother" and the "observer" once. When you are the observer, **use** Handout #14 in the appendix to take notes. **Turn** your chairs back-to-back to pretend you are on the phone. **Use** your manuals to remind you of the signs of each problem and to help you give support to the mother.

After practicing the scenario, **discuss** the following:

*Counselor:* What do you think was most helpful? What was difficult? What do you wish you had done differently?

*Mother:* What did you find helpful? What suggestions can you give to your "counselor"?

*Observer:* Did you see the 3-step Strategy used? What was the best part of the counseling? What suggestions can you give to the "counselor"?

What questions do you have about counseling a mother with early breastfeeding problems?

## Topic 3 – Medications and Herbal Remedies

### A. Medications



For most illnesses, there are medicines that mothers can take when breastfeeding.

Occasionally, mothers must stop breastfeeding because they need to take a medicine that is not safe for breastfeeding. Mothers can pump and throw out their milk until they can safely breastfeed again. A mother will need to pump as often as her baby breastfeeds. This will help to keep up her milk supply.

*Mothers should check with their health care provider before taking anything. This also includes medicines that are “over the counter”.  
If a mother has been told to stop breastfeeding, suggest she talk to a lactation specialist as soon as possible.*

What questions do you have about breastfeeding mothers taking medicines?

### B. Common Herbal Remedies



In some cultures, herbs are used to treat illnesses and conditions in both mothers and babies. While most herbs are not harmful to the mother or baby, some are very dangerous. Some herbs may increase or decrease a mother’s milk supply. Also, feeding a baby herbal teas can decrease a mother’s milk supply because the baby will breastfeed less. Encourage mothers to check with a lactation specialist before using any herbs.

What questions do you have about breastfeeding mothers using herbal remedies?



## Topic 4 – Birth Control Methods

### A. Choosing a Form of Birth Control

What have you heard about birth control and breastfeeding?

**Share** with the group.



There are a number of birth control options for breastfeeding mothers. The method a mother uses will depend upon her culture, religion, and lifestyle. Some work with breastfeeding and some do not. Health care providers can help mothers choose the type of birth control that is best for them.

*Encourage mothers to talk to their health care provider about birth control before the baby is born. This way she can choose a method that will work with breastfeeding.*

**B. Non-hormonal Methods**

**Barrier methods** work by keeping the sperm from reaching the egg. The most common methods used are the condom and diaphragm.

**Sterilization** is the most lasting form of birth control and should be used only when no more children are wanted.

**Spermicides** work by killing the sperm before they reach the egg.

**IUDs** work by keeping the fertilized egg from attaching to the uterus.

**LAM (Lactational Amenorrhea Method)** is a method that can be used by mothers who are:

1. exclusively breastfeeding,
2. have not resumed their periods,
3. have a baby that is less than 6 months old and
4. still breastfeeding at night.

**All of these four things must be present to lower the chance of pregnancy.** If all are not happening, mothers who do not want to get pregnant should use another form of birth control.

**Natural Family Planning** is a method that works by not having sex during certain times of the month. Both partners must be trained and want to use this method. Mothers must watch their temperature, vaginal mucous, and the number of days since their last period in order to know when they can get pregnant. Classes are available to learn more about this method.

**The rhythm method** (counting the number of days since the woman's last period) and **withdrawal** (removing the penis before ejaculation) do not work as forms of birth control.

What questions do you have about non-hormonal methods of birth control?

**Share** with the group.





**C. Hormonal Methods that are OK with Breastfeeding.**

Birth control methods that have only Progestin usually can be used when breastfeeding. A mother may make less milk if the methods below are started before the baby is 6 weeks old, the dose is too high, or if she does not have a good milk supply.

**The Mini-pill (Birth Control Pills)** must be taken at the same time each day for it to prevent pregnancy.

**Depo-Provera** is a shot, which must be given every three months to prevent pregnancy. According to the company that makes this shot, it should not be given before the mother's 6-week check-up.

**Progestin IUDs** does not allow the fertilized egg to attach to the uterus.

**The Morning After Pill** is given to a woman within 72 hours of having sex. It works by preventing the release of the egg or by keeping the egg from attaching to the uterus.

**D. Hormonal Methods that May Cause Problems with Breastfeeding**

Breastfeeding mothers should not use the following hormonal methods containing estrogen until the baby is at least 6 months old. Estrogen often reduces a mother's milk supply.

**The Pill (Birth Control Pills)** has both estrogen and Progestin. It must be taken every day. There are many different types.

**Lunelle** is a shot that has both estrogen and Progestin. It is given monthly.

**The Patch** has both estrogen and Progestin. It can be worn at different spots on the body and must be changed weekly.

**Vaginal Contraceptive Ring** has both estrogen and Progestin. It is put in the vagina by the woman. It is left in for 3 weeks and removed for 1 week.

What questions do you have about hormonal methods of birth control?

**Share** with the group.

**E. Counseling Mothers with Concerns about Birth Control**

**Divide** into groups of three. **Practice** using the Best Start 3-Step Counseling Strategy making sure each person is the “counselor”, the “mother”, and the “observer” once. When you are the observer, **use** Handout #14 in the appendix to take notes. **Use** the following scenarios:

1. You call a pregnant mother who is planning to breastfeed. She tells you she is going to get a shot of Depo-Provera before she leaves the hospital like she did with her last baby.
2. You call a breastfeeding mother who has a 4-week old baby. She tells you she does not want to get pregnant and is going to start taking her old birth control pills because she still has enough to last for a couple of months.
3. You call a breastfeeding mother who has heard that breastfeeding prevents pregnancy. She wants to know if this is true.

After each role-play, discuss the following within your group of three:

*Counselor:* What did you think worked best? What was difficult? What do you wish you had done differently?

*Mother:* What did you find helpful? What suggestions can you give to your “counselor”?

*Observer:* Did you see the 3-Step Strategy used? What was the best part of the counseling? What suggestions can you give to the counselor?

**Share** how your counseling sessions went with the group.



## Topic 5 – Unhealthy Environments

### A. Cigarettes



Mothers who smoke should still breastfeed their babies. Breastmilk helps protect babies from the harm caused by nicotine and second hand smoke. Second hand smoke may cause the baby to get colds, ear infections, and asthma. Second hand smoke also places the baby at a higher risk of dying from Sudden Infant Death Syndrome (SIDS).

Encourage mothers who smoke to:

- Smoke after breastfeeding to lower the amount of nicotine the baby gets from breastmilk
- Smoke outside (not around the baby or other family members or in the car)
- Wear an extra layer of clothes when smoking and take off the outer layer before having contact with her baby and other family members
- Not sleep in bed with their babies

If a mother wants to quit smoking, she should be referred to a program that will help her. If she is not willing or able to stop smoking talk to her about cutting down on the amount she smokes each day.

How do you feel about counseling mothers who smoke and breastfeed?

**Share** with the group.

**B. Alcohol**

Alcohol is found in breastmilk and may interfere with the milk ejection reflex. The more alcohol in breastmilk, the more the baby gets. The amount of alcohol in breastmilk is about the same as the amount in the mother's blood. The alcohol in breastmilk may make baby sleepy and suck poorly. Alcohol can also affect the way a mother cares for her baby. She may not breastfeed often enough and may not take good care of her baby. Regular use and abuse of alcohol by a breastfeeding mother can cause a baby to gain weight slowly or have failure-to-thrive. Talk to mothers who abuse alcohol about getting treatment and not breastfeeding.

When a breastfeeding mother drinks alcohol once in a while it does not hurt her baby. If she drinks alcohol, she should have no more than 1 drink per day. A drink is 4 ounces of wine, 12-ounce can of beer, or 1½ ounces of liquor (80 proof rum, whiskey, gin, vodka, etc.).

You can offer the following suggestions to mothers who have an occasional drink:

- Breastfeed first, then wait 2 to 3 hours after her drink before breastfeeding again. This will keep her baby from getting too much alcohol
- If the baby gets hungry, she should give stored breastmilk
- If she becomes engorged, she can pump her breasts to feel better

**Divide** into pairs. **Practice** counseling a mother of a 6-week old baby who says the following:

"I was really good and didn't drink at all during my pregnancy. I am going to a party on Saturday night. Would it be okay if I have a couple of beers?"

**Discuss** how your counseling went with the large group.



### C. Illegal Drugs



Mothers who use illegal drugs should not breastfeed. Illegal drugs can hurt both mother and baby. They often have other drugs mixed in and can be made with poisons. Mothers who use these drugs might not be able to take care of their children and could get their children taken away from them.

The following is a list of common illegal drugs:

**Marijuana** (“Pot”, “Weed”, “Bomb”, “Maui-Waui”, “Purple Cush”, “White Rhino”, “That Fire”, “Dink”)

**Methamphetamines** (“Speed”, “Crank”)

**Hallucinogenic Amphetamines** (“E”, “Ecstasy”, “X”)

**Cocaine** (“Crack”, “Blow”, “White Candy”, “Dust Berry”, “Flour”)

**PCP** (“Angel Dust”)

**Heroin** (“Black Tar”)

**LSD** (“Acid”)

If a mother tells you she is using an illegal drug, encourage her to stop breastfeeding and talk to your supervisor.

**Divide** into small groups. **Discuss** what you would say to a mother who tells you she is using an illegal drug.

**Share** with the large group.

What questions do you have about helping breastfeeding mothers who use illegal drugs?



## Topic 6 – Closing Activity and Preview

### A. Closing Activity

1. **Look** at the song titles posted around the room on flip chart paper.  
**Stand** by the song title that best describes how you feel about today.  
If none of these titles fit how you feel, **come up** with one on your own.

*We Shall Overcome*

*I'm So Excited*

*Ain't No Mountain High Enough*

*Long and Winding Road*

*Another Day in Paradise*

*Complicated*

**Share** why you picked that song title.

2. **Look** at the tree made at the beginning of our first session. What topics were covered today that you wanted to learn more about? Your facilitator will **move** those post-it notes to the roots of the tree.

### B. Preview of Session 4

**Look** at the topics for Session 4.

What are you **looking forward** to learning about?

**Share** with the group.

### C. Homework

**Practice** the 3-Step Counseling Strategy when talking with your family and friends before the next session. The more you practice, the easier this counseling strategy will become. Remember to ask questions, affirm feelings and educate when appropriate.

